FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000127(1)

1. Corporation Name
The S.A.F.E. Foundation, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/11/93
3a. Date of Last Report: 1994
4. FEI Number: 59-3161040 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 PO Box 149794
22 Suite, Apt. #, etc.
23 City & State: Orlando FL
24 Zip: 32814-9794 25 Country: USA

2a. Mailing Address
26 PO BOX 149794
27 Suite, Apt. #, etc.
28 City & State: Orlando FL
29 Zip: 32814-9794 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Cecil Miles
2411 Virginia Dr
Orlando, FL 32803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C, P	1.1 TITLE	☐ Change ☐ Addition
NAME	Jim Davis	1.2 NAME	
STREET ADDRESS	PO Box 740790 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orange City FL 32774	1.4 CITY-ST-ZIP	
TITLE	D, S	2.1 TITLE	☒ Change ☐ Addition
NAME	Harry Mabry	2.2 NAME	Harry Mabry
STREET ADDRESS	2436 Fawn Run	2.3 STREET ADDRESS	51 Main St.
CITY-ST-ZIP	Oviedo, FL 32765	2.4 CITY-ST-ZIP	Enterprise, FLA 32725
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	Cecil Miles	3.2 NAME	
STREET ADDRESS	2411 Virginia Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32803	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	Linda Miles	4.2 NAME	200001540552
STREET ADDRESS	2411 Virginia Dr	4.3 STREET ADDRESS	-07/18/95--01105--006
CITY-ST-ZIP	Orlando, FL 32803	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	REMITTED BY MAY 1
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	CH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecil Miles (Cecil Miles) 4/27/95 407-895-3005
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #